

FORM B10 (Official Form 10)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF GEORGIA, SAVANNAH DIVISION		PROOF OF CLAIM Chapter 11
In re Friedman's Inc., et al	Case Numbers 05-40129 through 05-40136	Your claim is scheduled as follows:
Name of Debtor: (see attached for complete list of debtors) Friedman's Inc.	Case Number: 05-40129	Class
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		Amount
Name of Creditor (The person or other entity to whom the debtor owes money or property): Equal Employment Opportunity Commission	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	<input checked="" type="checkbox"/> Date Stamped Copy Returned <input type="checkbox"/> No self addressed stamped envelope <input type="checkbox"/> No copy to return
If address differs from above, please complete the following: Creditor Name: _____ Telephone: # 615-736-2105 Address: 50 Vainborge Way, Suite 202 Nashville, TN 37228 City/St/Zip: _____		This Space is for Court Use Only
Account or other number by which creditor identifies debtor: 253-2005-01606	Check here if <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other Charge of discrimination	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred:	3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ _____ (unsecured) (secured) (priority) (Total)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____	7. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,925), earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$ 2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().	
6. Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		
8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		This Space is for Court Use Only <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">NOV 22 2005</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">KURTZMAN CARSON</div>
Date 11/18/05	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <div style="text-align: center;"> SALLY L. FARMER, SR TRM Attorney </div>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		



054012905112200000000003

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF GEORGIA**

IN RE:

Friedman's Inc. et al,

Debtor.

)
)
)
)
)

Chapter 11

Case No. 05-40129 (LWD)

MEMORANDUM IN SUPPORT OF PROOF OF CLAIM

In support of its Proof of Claim as a creditor in the above-referenced Chapter 11 petition, the Equal Employment Opportunity Commission submits the following:

1. A Charge of Discrimination was filed with this agency on April 14, 2005. A copy of the charge is attached as Exhibit 1.
2. Name of Charging Party
Marie Cawl
3. EEOC Charge Number
253 -2005 - 01606
4. Dates of Violation
February 1, 2005
5. Name and Location of Respondent
Friedman Jewelers
1720 Old Fort Parkway
Murfreesboro, TN 37130
6. Nature of Unlawful Act
Termination

7. Basis of Violation

Race

7. Statute Violated

Title VII of the Civil Rights Act of 1964, as amended.

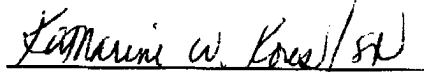
8. Demand


The EEOC's Proof of Claim requests all applicable back pay and benefits, with pre-petition interest; all applicable post-petition wages, salary, or benefits; all compensatory and punitive damages allowable.

Respectfully Submitted,

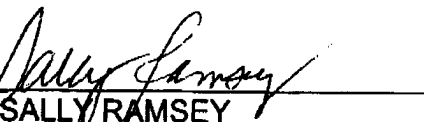
JAMES L. LEE
Deputy General Counsel

GWENDOLYN YOUNG REAMS
Associate General Counsel


KATHARINE W. KORES
Regional Attorney
TN BPR No. 6283


FAYE A. WILLIAMS
Supervisory Trial Attorney
BPR NO. 11730

**EQUAL EMPLOYMENT
OPPORTUNITY
COMMISSION**
1407 Union Avenue Suite 621
Memphis, Tennessee 38104
(901) 544-0088


SALLY RAMSEY
Senior Trial Attorney
TN BPR No. 18859

**EQUAL EMPLOYMENT
OPPORTUNITY
COMMISSION**
50 Vantage Way, Suite 202
Nashville, Tennessee 37228
(615) 736-2105

CERTIFICATE OF SERVICE

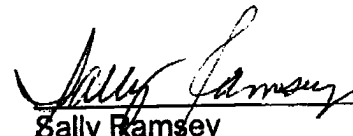
I, Sally Ramsey, do hereby certify that I have this day served a true and correct copy of the above and foregoing, Proof of Claim, Memorandum in Support of Proof of Claim, and Supporting documents by U. S. Mail, proper postage prepaid, addressed to their usual business address, to the following:

John Wm Butler, Jr. Esq
Skadden, Arps, Slate Meagher & Flom LLP
333 West Wacker Drive
Suite 2100
Chicago, IL 60606

Friedman's Inc. Claim Processing
Kurtzman Carson Consultants, LLC
12910 Culver Blvd. Ste 1
Los Angeles, CA 90066

Marie Cawl
460 E. State Street
Murfreesboro, TN 37130

Dated: 11/18/2015


Sally Ramsey
Senior Trial Attorney

Equal Employment Opportunity
Commission
50 Vantage Way, Suite 202
Nashville, TN 37228
(615) 736-2105